


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Kevin Taylor	COURT CASE NUMBER C.A. 04-40163-PBS
DEFENDANT Ms. Hernandez	TYPE OF PROCESS Complaint
SERVE  AT	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Hernandez, Unit Manager</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Devens- Federal Medical Center</u> <u>P.O. Box 880, Ayer, MA 01432</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<u>Kevin Taylor</u> <u>Reg. No. 03421-068</u> <u>Devens-FMC</u> <u>P.O. Box 879, Ayer, MA 01432</u>	Number of process to be served with this Form - 285 12
	Number of parties to be served in this case 12
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

(same as above)

Signature of Attorney or other, Originator requesting service on behalf of: <u>Kevin Taylor</u>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER _____	DATE <u>7-11-05</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Henry Salamea</u>	Date <u>7/18/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service Time am pm	
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: Process to be served by Cert mail 8/1/05 n#
And return unexecuted



U.S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center, Devens

*P.O. Box 880
Ayer, MA 01432*

July 22, 2005

US Department of Justice
United States Marshals Service
District of Massachusetts
United States Courthouse
1 Courthouse Way, Suite 500
Boston, MA 02210

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MA
2005 AUG - 1 P 2: 34

Dear Sir or Madam:

I am returning the enclosed envelope with the complaint and summons sent via certified mail addressed to Veronica Fernandez, Unit Manager. Please be advised Ms. Fernandez is no longer employed at FMC Devens.

If you have any questions , please feel free to contact me at (978) 796-1000, Ext. 1191.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Gagnon", is written over a horizontal line.

Steve Gagnon
Inmate System Manager

Enclosures